

2001 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
Mar 13, 2001 8:00 am
Secretary of State

02-03-2001 90289 039 ***150.00

DOCUMENT # P00000068015

1. Entity Name

DECOPET, INC.

Principal Place of Business

Mailing Address

11650 NW 56 DR, #104
CORAL SPRINGS FL 33076

11650 NW 56 DR, #104
CORAL SPRINGS FL 33076

2. Principal Place of Business

3. Mailing Address

11650 NW 56 DR

11650 NW 56 DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

104

104

City & State

City & State

CORAL SPRINGS, FL

CORAL SPRINGS, FL

Zip

Country

Zip

Country

33076

USA

33076

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORTEGA, JOSE
11650 NW 56 DR, #104
CORAL SPRINGS FL 33076

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ORTEGA, JOSE**
STREET ADDRESS **11650 NW 56 DR, #104**
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **M** ☐ Change ☒ Addition
NAME **DEBRA MURPHY**
STREET ADDRESS **11650 NW 56 DR, #104**
CITY-ST-ZIP **CORAL SPRINGS, FL 33076**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOSE ORTEGA

1-26-01 954-444-0229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)